

COHORT PRESENTATION: TB – 2011/2012

Date of cohort review _____

Case Manager/presenter _____

Initials/BD _____ County _____ ID # _____

Age _____ Race _____ Sex _____ Country of Birth _____

Arrival Date and/or travel Hx- _____

☐ Refugee ☐ Immigrant ☐ B1 ☐ B2 ☐ non-documented immigrant ☐ does not apply - US born

Risk Factors: ☐ Homelessness ☐ Correctional Facility Resident ☐ Long Term Facility Resident ☐ Other: _____

Hx of Alcohol Abuse ☐ Drug use ☐ IV or ☐ Non IV ☐ Cigarettes (CHECK all that apply)

Employment Hx: _____

Family and Social Factors (language barriers, support system, etc.): _____

(If Ped pt give parents place of birth) _____

Medical Hx: ☐ Diabetes ☐ Cancer/ ☐ Ht disease ☐ Lung disease ☐ Hepatitis ☐ Arthritis ☐ GI disease ☐ HIV

☐ Mental (CHECK all that apply) _____

Medications (not TB): _____

(CHECK case classification)

☐ Pulmonary / ☐ Extra pulmonary (type) _____ ☐ Culture Confirmed case/ ☐ clinical case

Reason for Evaluation and by whom: _____

Symptoms/Date of Start

Weight Loss, # over time _____

Night Sweats _____

Chest Pain _____

Lymphadenopathy(Location) _____

Hematuria _____

Cough _____

Fever _____

Fatigue _____

SOB _____

Hemoptysis _____

Other _____

TST/IGRA-Date _____

IGRA result or mm measurement _____

Facility that provided test _____

Chest X-ray /CT scan (please attach copy of report): Date _____

☐ Cavitory or ☐ Noncavitory (check one)

(Print screen of lab results from TB Pam)

Initial Sputum collection date _____

Collected by whom _____

Date Lab received _____

Lab Name _____

Initial Smear results-☐ Positive_____ (indicate numerical value) ☐ Negative

NAAT date if done_____ Result of NAAT_____ ☐ Positive / ☐ Negative

Date County Notified of NAAT results_____ Date culture confirmed _____

Date notified of sensitivity results_____ Pan Sensitive/ if not what are the resistant drugs_____

Smear conversion date _____ Culture conversion date _____

Other anatomical specimens: source/date collected _____

Smear/Culture results _____

Baseline (CBC, liver panel, blood sugar, uric acid) lab ☐ normal / ☐ abnormal _____

HIV date _____ Status _____

TB Treatment: Initiation Phase: Date started _____ Patient's WEIGHT in Kilos _____

Treating Dr. _____

Drug	Dosage	Date D/C	Number (#) of Doses

Continuation Phase: - Date started _____ Number (#) of _____ months (4/7)

Drug	Dosage	Date or Estimate of date of completion	Number (#) of doses

DOT : Daily except weekends, why if not _____

Breaks in Dot? ☐ Yes ☐ No, Due to ? _____

Treatment interruptions? ☐ Yes ☐ NO – Explain _____

End of Treatment or most current Chest X-ray _____

☐ Improved ☐ Worsened ☐ No change ☐ Not done.(CHECK appropriate description, *attach report if abnormal*)

Beginning - date/ WEIGHT(Kilos)_____ HEIGHT (cm)_____ BMI_____

Approx. 2months date/weight: _____ End of treatment date/weight: _____

Did you do a contact investigation?

☐ Yes ☐ No If not why not? _____

Contact investigation: Estimated date when patient became infectious: _____

Date contact investigation initiated (interview)_____

of high risk contacts identified _____

of high risk contacts tested initially/evaluated, including cxr when indicated _____

of previous pos contacts _____

Date 1st screening test done _____

#of Initial pos tests_____

of Neg tests _____

Active cases identified due to screening

of contacts put on window treatment _____

of contacts screened 2nd time (8-10 wks after exposure) _____

of rescreened pos tests _____

of Neg tests _____

of contacts started on LTBI tx _____

currently on tx _____

refused _____

discontinued tx _____

☐ Due to adverse reaction ☐ moved ☐ Lost to follow up ☐ Provider decision
